

Critical Health Services Explained

A Guide to the State Board of Health's Menu of Critical Health Services

On September 13, 2000, the Washington State Board of Health adopted the [Recommended Critical Health Services for Washington State Residents](#). The following questions and answers explain the reasons for creating the menu, its content, and how it might be used.

What is the menu of critical health services?

These are health care services the Board has identified as essential to the health of the community at large. The Board believes that when health purchasers and policy makers decide which medical and public health services they will make available, they should consider the services on this menu as high priorities for all Washington communities.

Why a menu? Why now?

The Board has a longstanding interest in ensuring that all Washington residents have access to health care services that are necessary from a public health perspective. It is difficult to talk about promoting access without first being able to answer the question: Access to what? One reason the Board developed this menu was to encourage a dialogue—both within the public health community and among the regulators and purchasers of health care. It is the Board's hope that participants in that discussion will be able to articulate which of the many available health care services are truly critical to every community's health.

The Board also created the menu to support the efforts of more than 100 health professionals at the state and local level who have collaboratively developed the [Standards for Public Health in Washington State](#). The Standards outline what our health officials believe must be in place everywhere in Washington to provide adequate public health protection. The Standards detail the specific steps our state and local public health agencies should take to monitor and report on our entire population's health, to respond quickly and effectively to disease outbreaks, to protect us all from unsafe and unhealthy environmental conditions in our food, air and water, and to strengthen community wide health promotion and disease prevention efforts.

A final section of the Standards outlines public health's role in assuring access to "critical health care services". Again the question arises: Access to what? The Standards call on the state and each community to determine a specific set of critical health services. Once a community-based set of services has been defined, the Standards call on local health jurisdictions to maintain and disseminate information about the availability of these critical health care services, to provide referrals for clients who need these services, and to mobilize their communities to reduce gaps in the availability of services.

How does this relate to statewide public health improvement efforts?

Since the Legislature established the public health improvement process in 1995, the Board has been a member of the partnership that produces the [*Public Health Improvement Plan*](#) (PHIP). The goal of the partnership is to create a public health system that will increase the level of protection from environmental and communicable disease health threats and improve the health of Washington state residents through effective use of health promotion, community assessment data, and personal health care services. One element of the PHIP work plan for 1999-2001 was to develop a “menu of critical services.” The Board took on that project as its contribution to the PHIP. The Board’s menu serves as a starting point for the state and local health jurisdictions to begin work on community-specific sets of critical health services. Those sets will then provide a framework for efforts to assess the availability of services and mobilize communities to improve access.

Who created the menu?

A team of independent medical professionals and health care research consultants produced the menu under the direction of the State Board of Health. The consultants relied on current research findings and the authoritative thinking of national experts who have analyzed public health priorities. The PHIP steering committee and the Board reviewed the menu before adoption.

What determined whether a service should be on the menu?

No service is on the menu unless providing that service would be expected to have a demonstrable benefit to the community at large—or its absence would be expected to harm the health of the community. Each service also had to have its effectiveness documented by scientific research and be broadly supported by health experts and professional organizations.

The following criteria were used to assemble the list:

1. The **degree of impact** or potential impact on the community’s health.
2. The **level of agreement** among national research, standard setting and policy-making bodies that providing the service is an important and relatively high priority.
3. The **strength of the evidence** that the service is safe, effective, and cost-effective.
4. The **likelihood that there would be agreement** among policy-makers, health providers and the public about the importance of the service.

What types of services are included?

The services fall into eight general categories:

1. Making sure that people have **general access to health services** (for example, they are able to see a primary care physician and can get home health care if needed).
2. Preventing **risky behaviors** and encouraging healthy behaviors (for example, educating people about the dangers of smoking and encouraging healthy diets).

3. Treating and preventing the spread of **communicable and infectious diseases** (for example, screening for tuberculosis and providing immunizations for vaccine-preventable illnesses).
4. Protecting the **health of mothers, infants and children** (for example, making sure pregnant mothers get good nutrition and providing well-child checkups for young children).
5. Improving **behavioral health** and caring for people with mental illnesses and disorders (for example, preventing alcohol abuse and providing crisis intervention services for people who are suicidal).
6. Detecting **cancer** early and treating it effectively (for example, providing screenings to detect breast cancer early and specialty care for treatment of people with various types of cancers).
7. Dealing with **chronic conditions** and improving **disease management** (for example, treating diabetes, asthma, and chronic heart disease).
8. Improving people's **oral health** (for example, screening children for oral disease and encouraging use of fluoride to prevent tooth decay).

So is this simply a list of critical health issues?

The menu goes beyond that.

First, it identifies target populations for each menu item. For example, it includes screening for serious mental illnesses only for people at high risk; screening the general population is not on the menu. And while the menu includes efforts to decrease tobacco use among the general population, it also specifically includes prevention programs aimed at teens.

Second, the menu specifies the type of service that is needed—screening, education and counseling, or medical intervention. For example, it does not recommend screening or medical intervention for unhealthy dietary behaviors, but it does recommend counseling and education.

The menu also considers whether there is a need for infrastructure improvement or policy change. Infrastructure focuses on the availability and distribution of providers, facilities, and services throughout the state—are needed services available from qualified providers within a reasonable distance? Policy on critical health services deals with decisions made by elected officials, public agencies, health care providers, and insurance purchasers that affect the availability and quality of needed services. For example, a law making it more difficult for minors to purchase tobacco products would decrease teen tobacco use. Similarly, requiring insurers to cover mental health visits would increase access to behavioral and mental health services.

Why are some services that seem important not on the menu?

Not everything that may be good for people's health is on this menu. For some conditions, the degree of risk for the entire community is relatively small. Or there may be some uncertainty about the safety or effectiveness of particular services. Just because a service is not listed on the menu does not mean it is lacking in benefit for some people,

only that it did not meet the rigorous selection criteria used to determine the menu of critical health services.

For example, the menu does not include complementary and alternative medical care (such as naturopathic and chiropractic services). Remember that the menu is a starting point for setting community-specific priorities. Community leaders are free to add or subtract from this menu.

Is the menu prioritized?

No, though the four criteria listed above may be used in the future to rank-order the menu.

How might the menu be used?

- By **measuring access** to these specific services, researchers can determine the degree to which state residents have access to critical health services—and whether initiatives such as PHIP result in better access and better health.
- Policy-makers can use this menu to **guide a community discussion** to reach agreement about which services, if any, should be uniformly available.
- Local health jurisdictions can use this menu as a model from which to **build local menus** of critical health services. Those community-specific menus could then inform efforts to mobilize the community to improve access.
- Policy-makers may want to use this menu to help **set priorities and guide policy** choices.
- Public and private employers may want to use this menu to **shape the insurance coverage** they purchase for their employees.